

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

State File No.

27493

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7143	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 5 wks		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 6207 West Park 20490			
3. NAME OF DECEASED (Type or Print) a. (First) Lester		b. (Middle) J		c. (Last) Bryant		4. DATE OF DEATH (Month) (Day) (Year) Aug 14, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED? divorced		8. DATE OF BIRTH Jan 21, 1902	
9. AGE (In years last birthday) 53		10. AGE (In years last birthday) 53		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A Bryant		13b. MOTHER'S MAIDEN NAME Estelle A Monks		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 486-22-7901		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ambrose G Bryant 4665 Allemania			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural brain abscess secondary to surgical operation and injury from fall. Bilateral pneumonia and atelectasis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Occurred when deceased fell from window of home at 6207 West Park Ave., St Louis, Mo. on July 4, 1955 about 403 am.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF EXAMINATION on July 4, 1955 about 403 am.		19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Slip and fall		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 4 55 4 A m.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 4 55 4 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 000 902.0			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 625 A m. , from the causes and on the date stated above.							
23a. SIGNATURE Patrik Taylor Corcoran		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8.16.55.			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 8/17/55		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. AUG 16 1955		REGISTRAR'S SIGNATURE J. Earl Smith m.d.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address 7027

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.